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DIRECTOR OF PUBLIC HEALTH

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ANN WILSON HAYNES, Editor

A Community Child Health Survey

JOHN R. PHILP, M.D., Health Officer, Butte County *

During the fall of 1948, a child health survey was conducted in and around the City of Gustine. The purpose of the survey was to determine the extent of immunizations and well-baby supervision in the preschool population.

It was the opinion of many in the community that, because of the stable and relatively well-to-do nature of the population and the easy accessibility of medical supervision, practically all children were receiving the necessary immunizations and well-baby supervision. The survey was planned by the Merced County Health Department and conducted on a door-to-door basis by the members of the Gustine Community Club. The Gustine Community Club is a women's organization which was greatly interested in community health problems and had offered the health department its full assistance in any way it could be used.

Gustine and the surrounding area have a population of approximately 4,000. The location is in the western San Joaquin Valley, in the northwest corner of Merced County. It is predominately a dairy area. The population is relatively stable, there being a minimum of migratory groups. There is evidently only a small indigent group in the community; the county welfare department stated that only occasionally was it requested to render indigent aid in the area. Medical care is rendered locally by five physicians practicing in and near Gustine, and hospitalization is available at a private hospital convenient to the community. No health department preschool programs had been operating in this area.

* At the time this program was conducted, Dr. Philp was Health Officer of Merced County.

The purpose of the survey was discussed thoroughly with the physicians in the area and with the members of the Gustine Community Club. Also, the community was informed by newspaper articles and group discussion. The survey method consisted of door-to-door canvass of every residential dwelling in and around Gustine. Whenever preschool children were found to be in the family, the mother was interviewed and a questionnaire was completed for each child. Information was obtained on the type of immunizations the child had received, the age at which he obtained them, as well as "booster" shots, the frequency of well-baby check-ups during the first year of life and the frequency of visits to physicians during the first year of life, because of illness.

A total of 332 preschool (0 through 5 years) children were surveyed. It is thought that this represented a high percentage of the preschool children in the area. Results are recorded as follows:

Number immunized against diphtheria	200
Number immunized against whooping cough	191
Number immunized against tetanus	157
Number immunized against smallpox	130

The number of children who were immunized against both diphtheria and whooping cough and vaccinated against smallpox was 125. Thus, 60 percent of the children surveyed had some type of immunization, but only 38 percent were completely immunized against diphtheria, whooping cough and smallpox.

Of particular interest is the fact that of those children in the survey who had received some type of immunization during the preschool years, only about 15 percent had this immunization completed during the first year of life.



Completion of Immunization by Age Group

Age when immunization was completed	Number of children immunized against		
	Diphtheria	Whooping cough	Smallpox
0-6 months	3	3	0
6 mo.-1 yr.	27	27	18
1-2 years	64	68	28
2-3 years	59	51	47
3-4 years	38	34	28
4-5 years	9	9	9

Medical Supervision

Of the 332 children surveyed, 179 were seen regularly during the first year of life by their physician for well-baby check-ups. The frequency of these visits was predominately either monthly, every other month, or every three months. Although about 54 percent of the babies studied had such well-baby visits during the first year of life, only about 17 percent of these (9 percent of all children surveyed) had immunizations completed against diphtheria, whooping cough and smallpox during this period.

Of the 332 children surveyed, 45 were taken to the physician during the first year because of illness. Twelve of these were seen more than six times because of illness.

Conclusions

Because the survey team reached almost every home in the area, and because of the large membership and interest of the Gustine Community Club, the entire community became aware of and interested in child health problems—particularly immunizations. This, together with the educational program pointing out the advisability of early immunization and medical supervision, resulted in a much greater demand on the local physicians for such services. Also following this, immunization clinics were conducted by the health department with a large preschool attendance. The local physicians expressed interest in and a desire to participate in well-baby conferences and one was immediately organized and conducted by a local doctor. Through the personal house-to-house canvass and conversation with the mother, the community became much better informed on accepted well-baby and immunization procedures. No formal follow-up or follow-up of individual cases was attempted; therefore, there is no definite measure of the effectiveness of the survey.

The main indications of the interest generated were: (1) The greater demand on the local physicians; (2) response to the Health Department immunization clinics and the desire of the local physicians to organize and participate in well-baby conferences. As might be expected, abundant volunteer aid was available for assisting in such well-baby conferences and immunization programs.

Local Health Officer Changes

Mr. Lawrence A. Perry is the new health officer of the City of Montague in Siskiyou County. He replaces Mr. William Moore.

Philip Fox, M.D. has replaced Paul A. Lum, M.D., as Health Officer for Plumas County.

**NOTICE OF STATE BOARD OF HEALTH
PUBLIC HEARING**

The California State Board of Public Health will hold a hearing at 10.30 a.m., January 6, 1950, in Room 668, Phelan Building, 760 Market Street, San Francisco, on a proposal to amend the regulations of the California Administrative Code, Title 17, Chapter 5, Subchapter 2, Group 1, Article 2, by adding a new Section 10120 (to follow Section 10119) pertaining to regulations governing the packing and sterilization of animal food in hermetically sealed containers. This proposal is made pursuant to the authority of Sections 208, 26470 to 26542 inclusive, of the Health and Safety Code, and requires all canned animal food sold or held for sale within the State of California to meet the standards set by the State Board of Public Health for this commodity.

Copies of the present regulations and proposed amendments to the regulations are available for inspection in the California State Department of Public Health, Los Angeles and San Francisco offices. Said proposed regulations are made a part of this notice by reference.

Time Change for U. C. Industrial Health Sessions

The November 15, 1949, issue of *California's Health* carried an announcement of a series of clinical conferences on the health problems of industrial workers, now going on under auspices of the U. C. Department of Medicine and School of Public Health.

According to Dr. Leon Lewis, associate professor of industrial health, a change in scheduling has become necessary. The sessions, which are attended by practicing physicians, faculty, students and others, are now being held on Tuesday mornings from 11 to 12 noon, in Room 437, University Hospital Clinic, San Francisco.

Cerebral Palsy Institute

The November 18th-19th Cerebral Palsy Institute held in Los Angeles is reported to have been the largest meeting of its kind ever held in California, and to have been considered highly successful by those who attended.

More than 400 people took part in the five sessions scheduled, which covered such broad aspects of cerebral palsy as community planning, problems of speech, and educational techniques, as well as purely medical topics.

Registrations at all sessions of the institute totaled 117 representatives from the medical profession, 300 from public health departments, 72 from voluntary agencies, and 675 from state and local departments of education.

Elements of Planning

PIERCE FAZEL, Chief Administrative Analyst, State Department of Finance

All of the thought, work and actions preceding the implementation of a program or its constituent parts are part of planning. Management planning relates to the determination of objectives and the method of accomplishment—the "what" and "how" of administration.

Who Plans

The Top Administrator. Although some planning and execution may be delegated, the responsibility for evaluating the plans cannot be delegated. The top administrator makes the decision as to whether the plan should be adopted.

Line Officers. Planning by line officers is a thoroughly legitimate and inherent part of administration; in fact, it is a necessity that some plans be developed by these officials. When line officers plan they take advantage of their specialized experience, and their knowledge of the possibilities of execution. On the other hand, when line officers are made responsible for broad scale or substantial segments of the planning activity they encounter a conflict in demands for their attention.

Staff Officers. Most often, planning is done by individuals or teams who are in a staff relationship to the top administrator. This is the most effective way to accomplish planning and take advantage of the principle of specialization. The separately organized planning unit must be well geared into line operations and should coordinate all other departmental planning.

People With Ideas. Planning begins with an idea, and anyone can have an idea. Each additional idea by an alert individual is an asset to the organization. The good administrator goes out looking for ideas; he gets people in the organization to think how things could be improved, and he never fails to give credit for the ideas he uses. It is generally desirable that everyone, rather than just the "elite," takes part in the planning process.

The System. The organizational system itself should produce the facts and circumstances pointing to the need for planning. It is possible to have a continuous cycle of planning, execution, control, and replanning.

Incorporating Planning Into the Budget

Define Purpose. It is necessary to define the purpose of any proposal to avoid the twin hazards of wasted time and unreal objectives. Use existing plans and facilities, when possible, instead of starting from the beginning with each new problem.

Study the Job. Make a detailed study of the work to be done and identify the principal parts of this work, and its subdivisions, the relations between these subdivisions, and the types of procedures that will be required.

Decide the Best Way to Do the Work. Decide what type of organization will be needed, and draw up a proposed organizational chart. Consider all the probable and possible bottlenecks that could turn up. Part of the plan is to set up standards by which the plan will be judged. Long before the first vaccination is given, the administration must settle on objectives, standards, and limits. Establish a system of reporting and controlling. A caution to heed is that every new program brings in another problem of coordinating the relationships with other programs and other organizations.

Estimate the Volume. Volume affects the structure and division of work, the amount of money, space, time, and equipment required, and the types of control, standards, and other aspects of management that are needed. From the strictly budgetary point of view, the estimate of volume is highly important. The estimate should rest largely upon experience, applying it to the new situation. Each estimate of volume may require a somewhat different approach, but the technical people doing planning should come up with a fair estimate.

Estimate the Staff. Planners will have to estimate what skills and how many positions of each type will be required. Some technicians start with top personnel and work down. Others start at the bottom and work up. There is no formal approach, but be sure to consider all the facets of good organization in making this estimate. The determination of the number of rank-and-file personnel is best made by applying an estimate of unit productivity, involving unit-costs. This is the key to preparing the budget, since it generally involves the most personnel, such as case workers, inspectors, clerks, etc.

Estimate the Timing. There are two things to do. First think about scheduling and determine the preferential order of doing the work. Second, forecast how the work volume will occur. The peak and slack periods of work volume will require a modification in the budget. This is really a clarification of the estimate of volume.

Sources

- John M. Pfiffner—*Public Administration*
 Comstock Glaser—*Administrative Procedure*
 Leonard White—*Introduction to the Study of Public Administration*
 Lefingwell & Robinson—*Textbook of Office Management*
 Harleigh Trecker—*Group Process in Administration*

Local Health Service Film to Be Shown in Theaters

"So Much for So Little," a new film on local public health work, will be shown in Fox West Coast theaters in California starting in December.

A cartoon short in technicolor, the film shows the services of a fulltime local public health department and their cost to the taxpayer. It was made by Warner Bros. for the Public Health Service and will be released in 16 mm. size through the State Department of Public Health after showings in commercial theaters are completed.

The schedule of showings for December and part of January is printed below. A subsequent issue of *California's Health* will carry the schedule of showings in Northern California.

City	Theater—Address	Dates
Alhambra	El Rey, 333 W. Main	Jan. 11-14
Anaheim	Fox, 235 W. Center St.	Dec. 31-Jan. 3
Bakersfield	Fox, 2001 H St.	Dec. 25-30
Banning	Banning	Dec. 28-29
Bell	Alpha, 4063 E. Gage Ave.	Jan. 15-18
Bell	Alcasar, 4426 E. Gage Ave.	Jan. 11-13
Bell	Bell, 3934 E. Gage Ave.	Jan. 22-24
Bell Gardens	Towne, 6918 S. Eastern Ave.	Jan. 22-24
Beverly Hills	Beverly, 206 N. Beverly Dr.	Jan. 18-24
Brawley	Brawley	Jan. 6-7
Calexico	Capitol	Dec. 30-31
Claremont	Village	Dec. 21-24
Compton	Tower, Long Beach and Compton Bldgs.	Jan. 4-7
El Centro	Fox	Dec. 25-27
East Los Angeles	Golden Gate, 5176 Whittier Blvd.	Jan. 1-3
East Los Angeles	Royale, 5123 Whittier Blvd.	Jan. 4-7
Fullerton	Fox, 510 N. Spadra Rd.	Jan. 4-7
Glendale	Alex, 216 N. Brand Blvd.	Dec. 28-Jan. 3
Glendale	California, 371 N. Brand Blvd.	Jan. 1-14
Glendale	Gateway, 3731 San Fernando Rd.	Jan. 18-21
Glendale	Glen, 1014 E. Colorado Blvd.	Jan. 22-24
Hermosa	Hermosa	Jan. 8-10
Hollywood	Carmel, 8163 Santa Monica Blvd.	Feb. 1-4
Hollywood	Filmarte, 1228 N. Vine St.	Jan. 25-31
Hollywood	Hollywood, 6764 Hollywood Blvd.	Feb. 1-4
Hollywood	Loma, 5528 Santa Monica Blvd.	Jan. 25-28
Huntington Park	California, 6528 Pacific	Jan. 1-7
Inglewood	Academy, 3141 W. Manchester	Jan. 1-7
Inglewood	Fox, 115 N. Market St.	Jan. 8-14
Inglewood	Inglewood, 103 N. LaBrea	Jan. 18-21
Inglewood	Seville, 6405 West Blvd.	Jan. 22-24
Long Beach	Belmont, 2515 E. Fifth St.	Dec. 24-30
Long Beach	Crest, 4275 Atlantic Ave.	Dec. 24-30
Long Beach	Egyptian, 232 E. Fourth St.	Jan. 11-14
Long Beach	Imperial, 319 E. Ocean Ave.	Dec. 31-Jan. 6
Long Beach	United Artists, 215 E. Ocean Ave.	Dec. 24-30
Los Angeles	Arroyo, 3236 N. Figueroa	Jan. 11-14
Los Angeles	Boulevard, 1615 W. Washington	Jan. 25-28
Los Angeles	Carlton, 5409 S. Western	Feb. 1-7
Los Angeles	Chinese Theatre, 6925 Hollywood Blvd.	Dec. 9-27
Los Angeles	Embassy, 331 S. Western	Feb. 1-4
Los Angeles	Figueroa, 4011 S. Figueroa	Jan. 25-28
Los Angeles	Fairfax, 7907 Beverly Blvd.	Jan. 25-28
Los Angeles	Florence, 1532 Florence Ave.	Jan. 8-10
Los Angeles	Gentry, 6525 Compton Blvd.	Jan. 11-14
Los Angeles	Gordon, 614 N. LaBrea	Feb. 8-11
Los Angeles	Highland, 5604 N. Figueroa	Jan. 8-10
Los Angeles	LaBrea, 857 S. LaBrea	Jan. 29-31
Los Angeles	Larchmont, 149 N. Larchmont	Jan. 25-28
Los Angeles	Lido, 8507 W. Pico Blvd.	Feb. 1-4
Los Angeles	Los Angeles, 615 S. Broadway	Dec. 9-27
Los Angeles	Loyola, 8910 Sepulveda Blvd.	Dec. 9-27
Los Angeles	Melrose, 4315 Melrose	Feb. 8-11
Los Angeles	Mesa, 5807 Crenshaw	Feb. 8-11
Los Angeles	Parisian, 803 S. Vermont Ave.	Feb. 5-7
Los Angeles	Ravenna, 233 N. Vermont Ave.	Feb. 1-4
Los Angeles	Rivoli, 5421 S. Western	Feb. 8-11
Los Angeles	Stadium, 8906 W. Pico Blvd.	Jan. 25-31
Los Angeles	Starland, 2624 N. Broadway	Jan. 18-21
Los Angeles	Uptown, 1000 S. Western Ave.	Dec. 9-27
Los Angeles	Western, 3930 S. Western	Feb. 8-11
Los Angeles	Westlake, 636½ S. Alvarado	Jan. 25-28

City	Theater—Address	Dates
Manhattan Beach	La Mar	Jan. 11-14
Monrovia	Monrovia, 316 Myrtle	Jan. 11-14
North Hollywood	El Portal, 5269 Lankershim	Jan. 18-21
North Hollywood	Valley, 5161 Lankershim	Jan. 22-23
Ocean Park	Dome, 3014 Ocean Front Blvd.	Dec. 31-Jan. 1
Ontario	Granada	Dec. 21-24
Pacific Beach	Roxy, 5600 Cass St.	Dec. 31-Jan. 1
Pasadena	Academy, 1003 E. Colorado Blvd.	Dec. 28-Jan. 1
Pasadena	Pasadena, 61 W. Colorado Blvd.	Jan. 4-14
Pasadena	State, 770 E. Colorado Blvd.	Jan. 22-24
Pasadena	Strand, 340 E. Colorado Blvd.	Jan. 15-17
Pasadena	Uptown, 2316 E. Colorado Blvd.	Jan. 4-14
Pasadena	Washington, 845 E. Washington	Jan. 18-21
Pomona	Fox	Dec. 11-13
Pomona	State	Dec. 18-20
Pomona	Sunkist	Dec. 17
Redlands	Loma	Dec. 21-24
Redlands	Redlands	Dec. 18-20
Redondo	Redondo, 105 E. Paseo St.	Dec. 31-Jan. 1
Redondo	Strand, 302 S. Catalina St.	Jan. 4-7
Riverside	Lido, 3843 Seventh St.	Dec. 14-17
Riverside	Riverside, Seventh and Market Sts.	Dec. 11-13
San Bernardino	Fox, 372 Court St.	Dec. 11-13
San Bernardino	Studio, 448 Baseline St.	Dec. 14-17
San Diego	Balboa, Fourth and E Sts.	Dec. 24-27
San Diego	California, Fourth and C Sts.	Dec. 24-30
San Diego	Crest, 4356 University Ave.	Dec. 31-Jan. 1
San Diego	Egyptian, 3812 Park Blvd.	Jan. 6-10
San Diego	Fox, Seventh and B Sts.	Dec. 17-23
San Diego	Loma, 3150 Rosecrans Ave.	Dec. 17-23
San Diego	Northpark, 29th and University	Dec. 24-30
San Diego	State, 4710 El Cajon Blvd.	Dec. 17-23
San Luis Obispo	Freemont	Dec. 14-17
San Pedro	Cabrillo, 115 W. Seventh St.	Dec. 31-Jan. 1
Santa Ana	West Coast, 308 N. Main St.	Dec. 25-30
Santa Barbara	Arlington, 1317 State St.	Dec. 11-13
Santa Monica	Bundy, 3414 Pico Blvd.	Jan. 11-14
Santa Monica	Criterion, 1315 Third St.	Jan. 4-7
Santa Monica	Wilshire, 1314 Wilshire Blvd.	Jan. 8-10
Santa Paula	Glen City	Dec. 16-17
Santa Paula	Tower	Dec. 18-19
Sawtelle	Tivoli, 11525 Santa Monica Blvd.	Jan. 15-17
Seal Beach	Bay	Dec. 31-Jan. 1
South Pasadena	Rialto, 1023 Fair Oaks Ave.	Jan. 11-17
Taft	Hippodrome	Dec. 31-Jan. 1
Van Nuys	La Reina, 14626 Ventura Blvd.	Jan. 18-21
Van Nuys	Sherman Oaks	Jan. 27-28
Van Nuys	Rivoli, 6258 Van Nuys Blvd.	Jan. 22-24
Van Nuys	Van Nuys, 6471 Van Nuys Blvd.	Jan. 22-24
Venice	Venice, 1510 Ocean Front Blvd.	Jan. 4-7
Westwood	Bruin, 961 Broxton Ave.	Jan. 22-24
Westwood	Village, 948 Broxton Ave.	Jan. 18-21
Wilmington	Granada, 632 Avalon Blvd.	Jan. 4-7

Nursing Positions Open in Butte County

Dr. John R. Philp, Health Officer of the Butte County Department of Public Health, reports that staff positions are open for public health nurses.

The positions call for generalized service. Starting salary is \$280, with a raise to \$300 monthly after six months' service. A county car is provided, or 6 cents per mile for use of personal car. This work is covered by the State Retirement Plan.

Dr. Philp asks that public health nurses interested in this opportunity get in touch with him at the Butte County Health Office, First National Bank Building Oroville, California.

"Housing should be a 'high bracket must' in the environmental health field."—Dr. Leonard Scheele, U. S. Surgeon General.

Healing is a matter of time, but it is sometimes also a matter of opportunity.—Hippocrates.

Examination Announcements

An examination for *Assistant Medical Director, Department of Employment*, will be held on January 17, 1950, and applications will be accepted by the State Personnel Board until December 27, 1949. Applicants must be United States citizens, but need not be residents of California. The examination will be given at various locations in California and in other states as the number of candidates and other conditions warrant. Salary range is \$530-\$644.

An examination for *Assistant Chief, Bureau of Food and Drug Inspections*, will be given January 26, 1950, with applications accepted until January 5th. The applicant must be a United States citizen but need not have residence in California. Salary range for this position is \$458-\$556.

An examination for *Associate Industrial Hygiene Engineer*, for which the final filing date is December 24, 1949, will be given next January 14th. United States citizenship is required, but not California residence, and the examination may be given in various states as well as within California. Salary range is \$415-\$505.

Application forms and other information about these examinations is available from the California State Personnel Board in Sacramento, San Francisco and Los Angeles, and from local Department of Employment offices.

Officials Named by Local Health Officers' Group

The California State Conference of Local Health Officers, at its San Jose meeting in November, elected as its president Dr. W. Elwyn Turner, Health Officer of Santa Clara County. Vice President is Dr. J. B. Askew, San Diego County Health Officer. Secretary is Dr. Elmer M. Bingham, Health Officer of the San Joaquin Local Health District.

These three officials will, under state law, constitute the executive committee of the conference during their terms of office. At this writing, other committees and subgroups have not been appointed.

California's Health Index Ready

A mimeographed index is available for Volume VI (July, 1948-June, 1949) of *California's Health*. This is essentially a subject matter index, but signed articles are also listed by author.

Please send your request to the Bureau of Health Education, State Department of Public Health, Room 521 Phelan Building, 760 Market Street, San Francisco 2, California.

U. C. Medical Extension Courses Are Scheduled for 1950

The University of California Medical School announces a schedule of graduate and postgraduate courses to be given by the Office of Medical Extension during 1950 at the Medical Center in San Francisco. The list follows.

Graduate Courses

January 9—May 22, weekly evening sessions:

CLINICAL SCIENCES AS APPLIED TO GENERAL MEDICINE

Part II. Cardiology.

(Designed for residents in hospitals, with a few places for practicing physicians.)

Dates to be announced:

BASIC SCIENCES AS APPLIED TO OPHTHALMOLOGY

CLINICAL SCIENCES AS APPLIED TO OTORHINOLARYNGOLOGY

Part I. Anatomy.

Part II. Pathology.

(Specifically designed as preparation for examinations of American specialty boards.)

Postgraduate Courses

January 30—February 1:

APPLIED THERAPEUTICS

BONE AND JOINT SURGERY

February 6—February 8:

FORENSIC MEDICINE

February 6—February 10:

SPECIAL PROBLEMS IN PEDIATRICS

April 24—April 28:

INTERNAL MEDICINE AND GENERAL SURGERY

PSYCHIATRY FOR THE GENERAL PRACTITIONER

August 28—August 30:

GASTROENTEROLOGY

August 28—November 17:

PSYCHIATRY AND NEUROLOGY

(Specifically designed as preparation for examination of the American Board of Psychiatry. Of interest to psychiatrists as refresher courses.)

September 11—September 15:

OPHTHALMOLOGY

(A course for specialists. Continuation of programs offered in 1947, 1948, 1949.)

September 18—December 4, every Monday evening:

EVENING SYMPOSIA IN MEDICINE

January through May, weekly evening sessions, dates to be announced:

MICROSCOPY AND PHOTOMICROGRAPHY

Part I. The Critical Use of the Microscope.

Part II. Photomicrography in Monochrome and in Color.

Correction

A listing of local health educators in the November 15 issue of *California's Health* contained one error. Miss Nancy Ott was named as a staff health educator of the Long Beach City Department of Public Health. Miss Ott is in fact employed by the Long Beach Tuberculosis and Health Association, and is now working with the city health department in the interest of the X-ray Survey Foundation.

Family Outbreaks of Typhus Fever

Five cases of typhus fever, four of them in one family, occurred in Orange County during October. There is presumptive epidemiological evidence that kitten fleas were the source of infection in the family referred to, and this fact recalls some other "household epidemics" of the past few years.

During 1945, two family outbreaks were investigated and are of special interest with respect to source of infection. The first group of cases was in the rural district of Chula Vista in San Diego County; the second at Bell Gardens in Los Angeles County.

Chula Vista Outbreak

In Chula Vista, five members of a white family of seven members developed typhus fever during one week (August 31—September 7, 1945). A sixth member of the family, age 14, was never ill. The father, age 45, had a temperature of 99.2 degrees on September 8th and developed a rash on his trunk and legs. A complement fixation test on a blood specimen taken October 22d was weakly positive for typhus fever.

Facts brought forth from investigation of this outbreak included the following significant findings:

- (1) The occurrence of five laboratory proved cases of typhus fever in one family of seven during the course of a week points to a common source of infection in a highly infected environment.
- (2) Person to person transmission by means of lice was eliminated not only because this group of patients was free from lice, but also, because the time interval between cases was too short to permit the necessary incubation period, of at least six days in lice.
- (3) The mildness of the disease is indicative of a flea-borne infection.
- (4) There were no rats or mice collected within several blocks of this home. The house itself was stucco and rat and mouse proof.
- (5) The high attack rate in this family suggests some other source of infection rather than rat or mouse fleas. It was learned that the family had three or four kittens sometime prior to onset and that all of the patients had handled and played with these animals.

The epidemiologic deduction is that this group of cases was infected from kitten fleas, although positive proof is lacking because all the kittens had been destroyed previous to the investigation.

Bell Gardens Cases

At Bell Gardens, the affected group consisted of all five members of one family, the son-in-law, and two friends—making a total of eight cases within 26 days. Essentially the same findings were obtained in this

group of cases as in the first. These patients lived in a relatively new housing project and there was no evidence of rats in the area around the three homes. The family had acquired a kitten, one week before the first case occurred, from the cafeteria of a paper products plant in the industrial area of Los Angeles County. Fifty percent of the rats trapped at this plant were positive by complement fixation test for typhus fever. This kitten left 18 days later when the members of the family were too ill to care for it, but there had been sufficient time for all eight cases to become infected. Again, by deductive reasoning, kitten fleas would seem to be the most probable source of infection in this series of multiple cases.

Texas Cases

Household typhus epidemics similar to the two described above have occurred in other places. In 1944, there were three cases in one family in Austin, Texas. These cases occurred from November 1st to 9th inclusive, and the infection was traced to kitten fleas.

Los Angeles Family

A third California household epidemic occurred in 1947. This group of cases developed in Los Angeles City in close proximity to the main typhus area. Six members of a Negro family of seven developed typhus fever from October 3, 1947, to November 6, 1947, or during 34 days. The seventh member of the family, a male, age 23 years, was never ill. Three females of the group aged 56, 47 and 31 years respectively were admitted to Los Angeles General Hospital. All were diagnosed as pneumonia or possible Q fever. The three children aged three, five and eight years were not admitted to the hospital. One, however, was taken to the out-patient clinic with a history of chills and fever for two days. The diagnosis of typhus fever was made in retrospect in this group of cases.

The home of the patients was in a run-down "blighted area" of the city. The house was a dilapidated old structure surrounded by similar houses. Piles of rubbish in the yards afforded ample rat harborages. There were chickens, cats and dogs in the neighborhood. Many rats were trapped at this location. There was opportunity for rats to gain entrance to the home of these patients and probably rats were the source of infection in this household epidemic.

Orange County Family

In 1949, five cases of typhus fever occurred in Orange County with four in one family. This family lived in an old frame barracks building. While there were plenty of opportunities for rat harborages, no rats

had been found at the time of the report. The family had obtained a kitten from the pound about 10 days prior to the onset of the first case. When the second case occurred, the cat was returned to the pound and destroyed. The onsets of these cases were October 2d, 4th, 10th and 13th.

No laboratory work was done on this kitten or its ectoparasites. However, the facts of this outbreak and others already cited yield presumptive epidemiological evidence to kitten fleas as an immediate source of typhus fever infection.—*M. Dorothy Beck, Acute Communicable Disease Service, State Department of Public Health.*

Dr. Gavin J. Telfer

The State Department of Public Health has learned with profound regret of the death of Gavin J. Telfer, M.D., who retired from service with the department in 1947.

Dr. Telfer was especially well known in Southern California, where he served from 1918 until his retirement. Stationed at department offices in Los Angeles, he was first district medical officer and later senior epidemiologist, traveling extensively throughout the southern part of the State.

Those familiar with his work credit Dr. Telfer with having played a major role in the establishment of many organized local health departments in Southern California.

He was widely recognized as a skilled epidemiologist and diagnostician of the communicable diseases.

More Births, Deaths; Fewer Marriages in 1949

A 10-month recapitulation of vital records for 1949, compared with the same period in 1948, shows the State to have registered about 4,000 more births, 2,000 more deaths, and 13,000 fewer marriages this year.

Although both births and deaths were more numerous in the first 10 months of 1949 than in the same span of 1948, the provisional birth and death rates are slightly lower. The provisional infant mortality rate of 26.7 in 1949 is also slightly below that of January-October in 1948. The numbers involved in these conclusions are as follows:

	1949	1948
Live births registered	202,145	197,854
Deaths registered	83,008	81,315
Infant deaths registered	5,401	5,576
Marriages registered	66,284	79,799

"The record of State health services for mothers and children is one of the exciting success stories of the last decade."—*Dr. Leona Baumgartner, Associate Chief, Children's Bureau, P.H.S.*

Test Reveals Cancer Knowledge of Medical Students

California's medical schools and most others in the Nation recently shared a federal grant of \$635,000, made by the National Cancer Institute for another year of expansion and coordination of cancer instruction.

As reported at the meeting of the National Cancer Advisory Council which considered applications for these grants, great disparity in the knowledge of cancer among students in various medical schools was shown by a survey conducted by the University of California.

Developed by Dr. Howard R. Bierman, associate professor of oncology at U. C. Medical School, this "cancer knowledge test" was given to nearly 9,000 medical students in 32 schools. It consisted of a series of 180 multiple-choice questions purposely designed to be comprehensive. Scores for all students in a single school were averaged and compared with other schools. The large disparities discovered are indicated by the fact that the average score of seniors in one school of medicine was 50 percent higher than the score of seniors in another institution.

A new grant of \$13,920 will enable Dr. Bierman to repeat his testing next spring. Using previous findings as a baseline, it is hoped to measure improvements in cancer education under the teaching program now being aided by the National Cancer Institute.

Study Reveals Public Access to Information Media*

People who try to reach the public with information will be interested in the findings of a nation-wide study financed by the Committee on Social Aspects of Atomic Energy of the Social Research Council.

One-half of the people in the United States have radios in working order and, in addition, regularly read both newspapers and magazines. Thirty percent have access to two of these sources and 13 percent to only one source. There are 7 percent who have no regular access to information from any one of these sources.

About one-fifth of the people who have less than eight years schooling, or none at all, have no regular access to information from any one of the three major media of mass communication—radio, newspapers and magazines.

Approximately one-third of the Negro minority group have no access to any one of the three media; 27 percent depend upon only one of the three. Comparable percentages for the white group are 4 and 12.

* Source: Digest by Public Health Education Division, Public Health Service, of *Public Reaction to the Atomic Bomb and World Affairs*, Cornell University, April, 1947.

Drugstores to Help Tell Public About Heart Disease

Because thousands of people turn to the corner druggist for advice about felt or fancied symptoms of illness, 16,000 pharmacists are going to participate in a practical heart disease information program together with the National Heart Institute and the American Heart Association.

Attention-getting posters and counter display cards have been produced by the Public Health Service, and are now being mailed out to pharmacies and drugstores throughout the Nation. Typical message on a display card reads: "Your Heart Does A Big Job . . . Every Day It Beats 100,000 Times, Pumps 5,000 Gallons of Blood . . . PROTECT YOUR HEART—See Your Doctor For Regular Physical Checkups."

The pharmacist himself is advised by a prescription room poster: "Advise any person who complains of pain in the chest, shortness of breath, palpitation, to see his doctor for a physical checkup . . . these symptoms may be danger signals of heart disease."

Dr. C. J. Van Slyke, Director of the National Heart Institute, says that educational materials will be issued bi-monthly to pharmacists for one year. Program aims are: (1) Education of the pharmacist concerning heart disease so that he, as adviser to people who contact him before consulting a physician, will have better information when inquiries suggest possible heart disease symptoms, and (2) lay health education on the subject of heart disease.

Mussels Safe Again

The annual summer quarantine on mussels was lifted routinely on October 31st by the State Department of Public Health.

The 1949 report of "no deaths, no poisonings" is in pleasing contrast to the report for 1927—year before quarantine was first imposed along all shore areas of this State. During the summer of 1927, 102 people were poisoned by toxic mussels, and six of them died.

Dr. Mustard to Take New Position

Dr. Harry S. Mustard, Commissioner of Health for New York City, has announced his resignation, effective January 1, 1950, from this position and also from duties as director of the Columbia University School of Public Health.

Dr. Mustard will become Executive Director of the New York State Charities Aid Association.

Two persons are killed and 200 injured in accidents on an average of every 10 minutes throughout the United States, and the cost is \$14,000 a minute, according to the National Safety Council.

California Morbidity Reports Selected Diseases—Civilian Cases

Total Cases for October and Total Cases for January
Through October, 1949, 1948, 1947 and
Five-Year Median (1944-1948)

Selected diseases	Current month				Cumulative			
	December				January through October			
	1949	1948	1947	5-yr. Median, 1944- 1948	1949	1948	1947	5-yr. Median, 1944- 1948
Chickenpox (varicella)...	557	681	729	811	39,638	36,008	32,094	34,100
Coccidioid granuloma...	7	11	3	—	65	64	47	—
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum)...	1	—	4	—	7	14	26	—
Diphtheria...	38	20	63	92	375	390	668	—
Dysentery, bacillary...	51	86	39	—	367	395	138	—
Encephalitis, infectious...	8	5	13	18	46	63	114	—
Epilepsy...	145	152	127	—	1,812	1,664	1,551	—
Food poisoning...	13	46	10	—	393	421	918	—
German measles (rubella)...	161	111	209	—	17,555	3,232	2,096	—
Influenza, epidemic...	29	21	26	32	711	14,597	773	—
Jaundice, infectious...	22	9	10	—	427	80	102	—
Malaria...	1	2	10	13	18	44	97	—
Measles (rubeola)...	164	294	431	431	41,403	62,472	6,482	—
Meningitis, meningococcal...	14	15	15	28	233	285	236	—
Mumps (parotitis)...	1,021	1,103	795	1,103	34,945	27,422	14,938	—
Pneumonia, infectious...	80	85	101	133	1,384	1,468	1,534	—
Polio-myelitis, acute anterior...	371	946	92	180	2,264	4,327	758	—
Rabies, animal...	3	12	25	25	140	237	239	—
Rheumatic fever...	39	29	53	—	544	593	695	—
Scarlet fever...	174	244	331	520	2,721	2,987	4,170	—
Streptococcal sore throat...	34	40	25	—	460	435	421	—
Smallpox (variola)...	—	—	—	—	—	—	2	—
Tuberculosis:								
Pulmonary...	625	640	672	672	7,104	6,938	7,420	—
Other forms...	54	60	42	42	450	484	500	—
Typhoid fever...	15	17	26	17	101	142	149	—
Typhus fever...	5	—	4	—	10	17	25	—
Undulant fever (brucellosis)...	5	18	40	25	88	132	253	—
Whooping cough (pertussis)...	448	193	649	352	3,657	3,106	8,544	—
General Diseases:								
Chancroid...	34	29	50	—	458	368	487	—
Gonococcus infection...	1,687	2,132	3,178	3,025	19,208	22,579	27,566	—
Granuloma Inguinale...	1	1	2	—	21	44	69	—
Lymphogranuloma venereum (lymphopathia venereum, lymphogranuloma inguinale)...	23	15	22	—	197	207	181	—
Syphilis...	1,015	1,200	1,940	2,009	12,127	14,657	18,785	—

The word "geriatrics" is said to have been used first by Dr. I. L. Nascher in the New York Medical Journal of August 21, 1909.

The risk of a baby's dying during the first year of life is nearly one-third greater in outlying country places than in or near large cities of the United States.—National Office of Vital Statistics.

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